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SERIAL NUMBER 10/684,075	FILING DATE 10/10/2003 RULE	CLASS 033	GROUP ART UNIT 2859	ATTORNEY DOCKET NO. APOLK.0102						
APPLICANTS Vess E. Polk JR., Dallas, TX;										
** CONTINUING DATA ***** This application is a CIP of 10/104,174 03/22/2002 PAT 6,671,974 which claims benefit of 60/277,863 03/23/2001 and claims benefit of 60/286,458 04/27/2001 This application 10/684,075 claims benefit of 60/417,131 10/10/2002 <div style="text-align: right;">OK 28 12.5.4</div>										
** FOREIGN APPLICATIONS ***** <div style="text-align: right;">None 28 12.5.4</div>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/12/2004										
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u> </div> <div> STATE OR COUNTRY TX </div> <div> SHEETS DRAWING 9 </div> <div> TOTAL CLAIMS 6 </div> <div> INDEPENDENT CLAIMS 1 </div> </div>										
ADDRESS Jeffrey G. Degenfelder CARSTENS, YEE & CAHOON, L.L.P. P.O. Box 802334 Dallas, TX 75240										
TITLE Line guide										
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1" style="width: 100%;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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